

Rethinking midwifery refresher programs as a recruitment strategy

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Abstract

This paper presents a case study on an innovative Midwifery Refresher Program in the context of current midwifery workforce issues. The refresher program was developed specifically as a recruitment strategy to address a staffing crisis at the Mater Misericordiae Mothers' Hospital, a busy tertiary maternity hospital in Brisbane, Australia. Features of the program that contributed to its success include collaboration with an industry partner, high levels of clinical support for participants, flexibility for women with family responsibilities and low financial costs for all stakeholders. This type of recruitment strategy may be useful for health care services experiencing staff shortages.

Situational analysis

Internationally, health services are experiencing midwifery staff shortages (International Confederation of Midwives [ICM], 2002). This situation is also reflected in Australia as a result of falling numbers of midwifery graduates and changes in the demographics of the health workforce. As midwives are largely drawn from the nursing workforce, they are inextricably linked to and affected by factors influencing the nursing workforce, although there are issues specific to the midwifery workforce (Australian Health Workforce Advisory Committee [AHWAC] 2002). Recent national reviews of nursing (Commonwealth of Australia 2002, MacDonald 2001) confirm that Australia's health workforce is facing similar challenges to those of other countries in meeting the requirements for staff.

In Australia, midwives, play a fundamental role in the care of women through the continuum of childbearing. The quality of care delivered to childbearing women and their families requires a highly specialised workforce (AHWAC 2002). Hence, the current acute shortage of midwives presents a crisis that has the potential to compromise the quality and safety of maternity care (Tracy, Barclay & Brodie 2000).

A recent review of the midwifery workforce in Australia confirms that there is a national shortage of qualified midwives prepared for work in the various settings for contemporary midwifery practice (Leap & Barclay 2001 in AHWAC 2002). Acknowledging the limitations of data related to the midwifery workforce AHWAC (2002) calculated a current shortfall of 1847 positions within the Australian midwifery workforce. This deficiency is of great concern, especially when considered in conjunction with the declining numbers of midwifery graduates and the ageing nature of the midwifery workforce. In response to this situation the Commonwealth Government and industry partners commissioned an investigation of service delivery, education policy and regulatory environments affecting midwifery in Australia (Australian Midwifery Action Project [AMAP] 2003).

Australia is currently educating 550 (AMAP 2003) of the estimated 940 midwives needed to meet clinical service needs (Tracy et al. 2000); less than two thirds of the number required to sustain the current midwifery workforce. However, there is a low demand for post nursing midwifery courses (Leap et al. 2003).

In addition, Tracy et al. (2000) suggest that the introduction of postgraduate fees has created financial burdens for midwifery students and detracted potential candidates. The declining number of midwifery graduates exacerbates the shortage.

An ageing health workforce has also been recognised as a threat to the future midwifery workforce. Nationally, the average age of a midwife is 40.7 years (AHWAC 2002), which may result in a further depleted workforce in 10-15 years time. It is not surprising then that there are serious concerns about the sustainability of the future midwifery workforce being expressed within the health industry.

Considering that 99% of the Australian midwifery workforce are women (Tracy et al. 2000), issues related to women's participation in the workforce cannot be ignored in exploring this situation. Women today juggle many roles as they integrate work and family (Glezer & Wolcott 1999). One reason for the high average age of midwives may be the trend for Australian women to have a two phase 'work cycle' based on age (O'Connor, Orloff & Shaver 1999). This means that their labour force participation tends to be high during their twenties (before most have children), low in their thirties (when their children are young) and high again in their forties and fifties (when their children are in school and grown up). Working part time is another strategy that women use to manage family responsibilities and continue workforce participation. In June 1997, 46% of married mothers and 32% of lone mothers with a child 0-4 years of age were employed, most part-time (ABS, 1998). Australian midwives work an average of 28.6 hours per week (AHWAC 2002) which demonstrates a tendency for midwives to work part-time.

A further contributor to the current midwifery shortage could be low job satisfaction resulting from a lack of autonomous practice, poor professional recognition, lack of educational opportunities and high levels of workload and stress (Brodie 2002). This has led to increasing attrition rates from the midwifery workforce. For example, many midwives in Brodie's (2002) study on barriers to midwifery said that they were unable to access ongoing education and saw this as a major barrier to feeling confident in providing safe, efficient and appropriate care. As a result midwives reported feeling fearful and uncertain about changing outdated practices, which could lead to midwives leaving the profession or at least reducing their work hours.

Addressing the shortage

The two main strategies to address the shortage that are prominent in the literature focus on international recruitment and education. The benefits of recruiting midwives from overseas countries are very limited and this strategy does not address the global shortage of midwives. Educational strategies include the separation of midwifery education from nursing and continuing professional development opportunities.

Aggressive recruitment of international midwives is a strategy that has been implemented within Australia and other countries to address the shortage. However, as demonstrated previously, the shortage of midwives is a global problem and Australia can no longer rely on migration from other countries to correct the serious shortfall. Concern was raised recently by members of the International Confederation of Midwives (ICM) who consider that such aggressive recruitment of midwives has serious implications for maternity services and the health of women and newborns worldwide (ICM 2002). ICM has requested that member associations develop practices for recruitment within their countries that do not deplete other countries of these valuable resources (ICM 2002).

To separate the link between nursing and midwifery, direct educational pathways to midwifery have been developed. According to Leap and Barclay (2001 cited in McDonald 2001) direct entry midwifery programs have existed in France, Germany, Denmark, Belgium, the Netherlands and Switzerland since midwifery was regulated, while Britain, New Zealand and Canada have seen the reintroduction of direct entry midwifery programs across the last decade, usually following legislative changes to enable autonomous publicly funded midwifery services.

Four universities recently offered the first Australian undergraduate programs to prepare midwives. In 2002, over 130 students commenced study in these Bachelor of Midwifery programs in South Australia and Victoria (Leap et al. 2002). The implementation of these direct entry programs will produce graduates within three years rather than the five years it takes to prepare a nurse with post graduate midwifery qualifications (Tracy, Barclay & Brodie, 2000). Other countries where the Bachelor of Midwifery is the preferred education option have experienced significantly falling attrition rates and full enrolments (Page 2000 in Tracy et al. 2000).

In stark contrast to under enrolments in 75% of Australian postgraduate midwifery programs (Leap et al. 2003), there has been a very high demand for places in Bachelor of Midwifery programs. For example, one Australian university received over 1,000 applications for only 19 Bachelor of Midwifery places (Styles 2003). Therefore, it appears that there is no shortage of individuals who want to be midwives. On the other hand, there are comparatively fewer nurses who wish to undertake postgraduate education to become a midwife.

Nevertheless, the long term benefits of direct entry midwifery programs in meeting the demand for midwives is unclear as the initial number of graduates will be small and autonomous practice opportunities are limited in Australia. At best, these programs have the potential to sustain the future of the midwifery workforce, but considering that the programs' first graduates will not be certified for practice until 2005 this does little to address the immediate midwifery staffing shortage.

Continuing professional development is a strategy that has been proposed to enhance retention of existing staff (MacDonald 2001). This approach fits within the broad concept of lifelong learning as the hallmark of any profession. From a labour market perspective, the match between skill demands and the resourcing and provision of education requires careful planning. For individuals, engaging in education out of interest or for personal development may be a key in retaining them in the labour market and for developing their career options (MacDonald 2001). Support of professional development is one of the features of magnet hospitals (Gleason Scott, Socchalski & Aiken 1999). Yet, there is limited literature on the success of this strategy for enhancing recruitment or retention within midwifery.

Local Environment

Despite the implementation of a range of recruitment and retention strategies, in 2002 the Mater Mothers' Hospital continued to experience an acute shortage of midwives. These strategies included collaboration with Australian Catholic University in the implementation of a postgraduate midwifery program to prepare midwives, continuing education opportunities, and vigorous national, international and local marketing and advertising.

The Mater Health Service has been associated with Australian Catholic University's (ACU) School of Nursing (Qld) since the transfer of nurse education to the tertiary sector more than 10 years ago. So it was not surprising that the Mater Mothers' Hospital would become part of a consortium of hospitals providing paid clinical experience for registered nurses undertaking the Graduate Diploma of Midwifery program leading to midwifery endorsement. This initiative was established in an attempt to decrease attrition rates throughout the program and improve employment rates following completion. Paid clinical experience not only relieves the financial burden for midwifery students but also provides greater exposure to midwifery culture and increases the number of practice hours (Leap et al. 2002). This strategy would appear to be very successful, as the low attrition rate from the ACU course of approximately 12 % is largely due to changes in students' personal circumstances such as pregnancy and geographic relocation. Paid placement for midwifery students also provides benefits to the organisation including professional stimulation of midwifery staff, increased employment rates following completion of program and a reduced orientation process on reemployment. The Mater Health Service offers employment to ten new graduates per year.

In recognition of the importance of continuing education programs for development and retention of staff, the Mater Health Service offers extensive educational opportunities to midwives free of charge. These include regular in-service programs, monthly half day and full day workshops and several comprehensive programs that

are recognised at postgraduate level by ACU. To increase retention of new midwifery graduates, a specifically designed continuing education program was implemented in 2001. The annual program provides the opportunity for 10 new graduates to consolidate their knowledge and skills through a 12 month clinical rotation program with related theoretical and clinical assessments. On completion, the midwives are eligible for academic credit towards the Master of Midwifery offered at ACU. Similarly, midwives who complete either the Advanced Lactation Course or the Childbirth/Parenting Education Course offered by the hospital are also eligible for academic credit towards postgraduate courses at ACU. With the current cost of postgraduate education being about \$900 per subject, this represents considerable savings for midwives who wish to upgrade their midwifery qualifications.

Recruitment strategies implemented through the Human Resources and Marketing Department included extensive advertising through print media and employment websites. Concurrently, a local community awareness campaign was launched to improve the branding and image of the Hospital. Although these strategies resulted in employment of a small number of overseas, national and local midwives, a number of positions remained vacant. In addition to the small number of responses from suitably qualified midwives, responses were also received from midwives who were unsuitable for immediate employment.

Most of the unsuitable applicants had maintained their midwifery endorsement with the Queensland Nursing Council (QNC), but lacked recency of midwifery practice. This reflects Queensland figures that of the 8125 endorsed midwives in 1999, only 2 600 were practising in midwifery settings (Tracy et al. 2000). Therefore, a large pool of endorsed midwives who are not currently working in midwifery practice exists, representing a significant potential resource for meeting the current shortage. Further, many of these applicants inquired about updating their skills in a refresher program, expressing a lack of confidence and the need for a supportive and structured program. The need for such programs has been identified by Brodie (2002), who recognised a lack of educational opportunities for midwives to re-enter the workforce.

Actions Taken

Based on the above situational analysis, it became apparent that offering a midwifery refresher program could be an effective recruitment strategy for the Hospital. Resources to develop and implement the program were readily available internally and through the existing collaborative partnership with ACU. The proposed Midwifery Refresher Program would provide midwives with the opportunity to update their practice knowledge, skills and confidence in a supported setting.

A review of midwifery refresher programs was undertaken to identify key elements and issues in designing an effective program. In collaboration with ACU, a program with an evidence-based framework within contemporary midwifery contexts was developed, comprising of 80 hours of theoretical content and a minimum of 150 hours of clinical practice. The theoretical component encompassed the continuum of childbearing, including antenatal, intrapartum, postpartum and neonatal special care. Professional midwifery issues were also included. The content was presented by a variety of academic and clinical staff with recognised expertise in particular topic areas. Unpaid supernumerary clinical practice was provided under the guidance of an experienced midwife preceptor. Participants' involvement in direct clinical care was gradually increased to facilitate confidence in their skills and knowledge.

To ensure competence on completion of the program, clinically based assessments were undertaken, and included a workbook revising anatomy and physiology, a case study analysis and a clinical portfolio with 13 competency based clinical skills. Participants who successfully completed the program were eligible for academic credit of two subjects towards the Master of Midwifery (for endorsed midwives). This articulation aimed to encourage them to further upgrade their hospital based midwifery qualifications to a postgraduate level.

Major strengths of the program were its comparative low cost for participants in terms of financial outlay and impact on family life. At a cost of \$650 for the equivalent of two units of postgraduate education compared to the usual fee of \$900 per unit there was a major cost saving for participants. Another strength of the program was recognition of the participants' concurrent family commitments. Consistent with the two phase work cycle discussed by O'Connor, Orloff & Shaver (1999), the majority of midwives who expressed interest in this program had school age children. To decrease the need for after school childcare, the theoretical sessions were planned within school hours. In addition, a flexible approach to rostering of clinical hours was adopted, with participants choosing both the days and hours for their clinical practice. Some chose shorter shifts between school hours, while others chose longer shifts to expedite their return to the midwifery workforce.

Evaluation

Outcomes of the program were evaluated using a written survey and informal focus groups with key stakeholders. Results indicated that the refresher program had a number of positive outcomes. Firstly, and most importantly it addressed the hospital's staffing crisis, with all participants completing the program and being offered employment. Secondly, alliances with the university were strengthened through this cost effective program. Thirdly, there was a high level of satisfaction demonstrated by both participants and staff involved in the program. Finally and perhaps less measurable, the midwifery profession will benefit from the participants' extension of midwifery knowledge.

The program was very successful in meeting the hospital's immediate recruitment crisis in a cost effective way. All participants achieved clinical competence and were subsequently offered employment. Clinical staff were very satisfied with the program and its ability to meet their staffing needs. Clinicians felt that the refresher midwives required less supervision and additional work than anticipated and their contributions to a busy workplace were much appreciated. Due to their supernumerary clinical experience, the time needed to orientate the new midwives on employment was reduced and their adjustment to their new working environment was enhanced.

The advantages of strong links with industry partners were demonstrated with this program. The involvement of both clinical and academic staff strengthened the alliances of the two organisations by enhancing collegial relationships and increasing awareness of issues in education and service delivery, with the potential for further joint educational ventures. There will be ongoing benefits for the University, as the program may also prove to be a successful student recruitment strategy.

A further benefit to the organisations was that the program was cost neutral in relation to human resource expenditure. Existing academic, educational and clinical staff implemented the program within their existing workloads. Student fees were shared between the hospital and the university, according to the lecture time provided by each organisation.

Participants favourably evaluated all aspects of the program, commenting that it provided "value for money" in the knowledge gained, time and effort expended. They appreciated the opportunity to undertake unpaid supernumerary practice as it enabled them to gradually regain their confidence and skills under supervision, without feeling pressured by an allocated workload. Most of the participants felt that their midwifery knowledge and skills returned quite quickly, as supernumerary practice supported their lack of confidence.

The development of this innovative program not only resulted in positive outcomes for participants and staff involved but also the discipline of midwifery. Staff commented positively on the students' enthusiasm and on the opportunity to be involved in the program. This program contributed to the pool of midwifery knowledge by promoting life long learning in the participants and staff involved. A number of participants indicated an intention to apply for academic credit in obtaining a formal postgraduate midwifery qualification.

Conclusion

A refresher program that addresses the needs of both the organisation and the participants can be a successful recruitment strategy. The success of the program described in this paper was enhanced by the use of shared resources through industry partnerships/alliances. Based on the success of the 2002 venture, the program will be offered again in the future.

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